PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

NAME

ADDRESS

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES) DISCHARGE MONITORING REPORT(DMR)

Mountain Lake Biological Research Station WWTP PO Box 400726 Charlottesville 22904 FACILITY LOCATION 335 Salt Pond Rd

	VA	00753	61][001	L	
	PERM	AIT NUM	BER		DISCHAR	GE NU	MBER
			MON	TOR	NG PERI	OD	
	YEAR	МО	DAY		YEAR	МО	DAY
FROM				то			

Municipal Minor

01/29/2013

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Blue Ridge Regional Office 3019 Peters Creek Road

Roanoke

VA 24019

READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

RE-0002 PH RE-0002 PH RE-0004 TSS RE-0005 CL2, TOTAL RE-0005 C	PORTD QRMNT PORTD QRMNT PORTD QRMNT	0.009 *********	MAXIMUM NL *********************************	MGD	MINIMUM ********	AVERAGE *******	MAXIMUM ******	UNITS	EX.	OF ANALYSIS	SAMPLE TYPE
RE0	QRMNT PORTD QRMNT PORTD	****	*****	MGD			*****	-	<u>-</u>		<u> </u>
002 PH RE RE 004 TSS RE RE 005 CL2, TOTAL RE	PORTD QRMNT PORTD	****	*****	MGD	*****	 	<u> </u>			1	1
RE0 004 TSS RE RE0 005 CL2, TOTAL RE	QRMNT		 	 	1	******	*****		-	1/2 2	
004 TSS RE REC 005 CL2, TOTAL RE	PORTD	*****	*****	1		*****	<u> </u>	 		1/D-D	EST
REC				-	6.0	******	8.2	SU	 	1 / 5 -	
005 CL2, TOTAL RE	ODMNIT				*****		<u> </u>		 	1/D-D	GRAB
REC	CHAIN I	1000	1500	G/D	*****	30	45	MG/L	-		<u> </u>
	PORTD	*****	******		*****		<u> </u>	1.1372	 	1/D-M	GRAB
007 DO RE	QRMNT	******	*****	 	*****	0.007	0.009	MG/L			
	PORTD	*****	*******	<u> </u>	<u> </u>	*****	******	1.072	<u> </u>	1/D-D	GRAB
REC	ORMNT	******	******		7.0	*****	*****	MG/L	<u> </u>		
039 AMMONIA, AS N RE	PORTD	*****	******	<u> </u>	*****		<u> </u>	1.1372	 	1/D-D	GRAB
REC	QRMNT	*****	****		*****	1.8	1.8	MG/L			<u> </u>
157 CL2, TOTAL CONTACT REI	PORTD	******	*****		<u> </u>	******	******	140/1	 	1/D-M	GRAB
REC	RMNT	****	******		1.0	*****	******	MG/L	-		
.59 CBOD5 REI	PORTD				******			MG/L	3	1/D-D	GRAB
REC	RMNT	540	820	G/D	*****	16	24	MG/L	<u> </u>		

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FŁOW(M.G.)	TOTAL BOD5(K.G.)	DATE					
Prepared under My	DIRECTION OR SUPER	THIS DOCUMENT AND ALI	WITH A SYSTEM	TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS THO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING			RSON OR PERSONS	PRINCIPAL EXECUTIVE OFFICE	TELEPHONE	 	I		
THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TYPED OR PRINTED NAME SIGNATURE				MO.	DAY

PERMITTEE NAME/ADDRESS(INCLUDE FACILITY NAME/LOCATION IF DIFFERENT)

PO Box 400726

FACILITY LOCATION 335 Salt Pond Rd

Charlottesville

Mountain Lake Biological Research Station WWTP

VA 22904

NAME

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COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

 VA0075361
 001

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 YEAR MO DAY

 YEAR MO TO
 TO

Municipal Minor

01/29/2013

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Roanoke

VA 24019

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PARAMETER	İ	QUANT	ITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF	1 O 1 11 11 EE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
213 CL2, INST TECH MIN LIMIT	REPORTD	*****	*****			*****	*****	-	-	<u> </u>	
	REQRMNT	*****	******		0.60	*****	*****	MG/L		1/D-D	GRAB
	REPORTD							-	- 	1 .	CIGIB
	REQRMNT				 				-	*****	
-	REPORTD						l			<u> </u>	
	REQRMNT									*****	
	REPORTD							<u> </u>			<u> </u>
	REQRMNT								 	*****	
·	REPORTD					 	<u> </u>				
	REQRMNT								_	*****	·
	REPORTD				 				-		<u> </u>
•	REQRMNT								 	*****	
	REPORTD	<u>. </u>					<u> </u>				
	REQRMNT	.						-	-	*****	
	REPORTO		<u> </u>	<u> </u>							<u> </u>
	REQRMNT					 			-	*****	

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

BYPASSES AND OVERFLOWS	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATO					
37EN E0113	<u> </u>								
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OF PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY
				PRINCIPAL EXECUTIVE OFFI	TELEPHONE			1	
SIGNIFICANT PENAL	TIES FOR SUBMITTING	TE. I AM AWARE THAT T FALSE INFORMATION, I FOR KNOWING VIOLATIO	INCLUDING THE	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY